

Teaching with industry partners: negotiating the cultural divide

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Synopsis

The challenge of workforce shortage in addition to the increasing burden of chronic illness requires health professionals capable of leading change in service delivery. The University of Tasmania (UTAS) Faculty of Health Science has strategically allied with Sydney South West Area Health Service (SSWAHS) to deliver postgraduate education for practicing clinicians addressing the complex issues involved in reforming the sector. Academics are working closely with public sector employees in developing learning opportunities for health services staff working in a challenging political and socio-economic environment.

This case study explores the emerging issues for university teaching in an industry partnership. Issues that have been experienced include: pressure on academics to subscribe to client agendas in learning content; lack of understanding of different bureaucratic constraints; conflict between ideals and reality; opportunities to incorporate real and ongoing case studies; and the need for creativity and flexibility in developing mostly online content and assessment for delivery to busy and well-qualified students working in a variety of healthcare professions.

Background

As early as 2006, SSWAHS had identified that improvement in health service delivery could only be achieved if its clinical leaders were both engaged and knowledgeable about leadership and change. This conviction was echoed in the 2008 'Garling Report' into the New South Wales (NSW) public hospital system (Garling, 2008), and internationally in Britain through the establishment of the National Health Service Clinician Leadership Program (VanDerWeyden, 2009). Prompted by a pre-existing satisfactory collaboration between SSWAHS and UTAS in Nursing education, SSWAHS approached the University to discuss further postgraduate possibilities. There is significant consensus amongst both academics and health service providers that clinicians must be involved in health care reform if it is to succeed (Mountford & Webb, 2009). In 2006, UTAS entered into negotiations to provide a Masters course for emerging clinical leaders that would equip them to take on the leadership role required in order to effect change.

Being an effective leader in a complex system environment requires an understanding of both the internal and external forces impacting upon health care. Multiple forces, such as political

ideologies, changing demographics, increasingly sophisticated technologies, community involvement and consequentially higher expectations for quality, access and efficiency impact on service delivery and ultimately routine practice. Effective leadership also requires cultural capital, that is, interpersonal skills, vision and empathy, in addition to the capacity to both give, receive and reflect on feedback (Spillane, 2006). As such, the course agenda and its objectives were ambitious.

In the health sector, University and industry partnerships are institutionalised: each requires the cooperation of the other to ensure an adequate supply of competent new health service professionals. Further, it is uncommon for universities to become involved in change management in the health care industry through workplace-based learning initiatives. Davies & Smith (2004) describe a model of partnership between hospitals and universities in The Netherlands; however, this model emphasises clinical education, rather than leadership or change management education. McBride & Mustchin (2007) have reviewed the partnership between trade unions and health services in the United Kingdom in the change agenda, but not the role of universities. An Australian study examining the general relationship between universities and corporate organisations concluded that workplace-based learning was “a brave new world” (Gustavs & Clegg, 2005, p.9) and that the agendas of industry and universities are often in conflict.

Purpose and Significance of the Learning Partnership

This partnership is being forged in a challenging environment: the global financial crisis has resulted in major budget pressure for NSW; adverse events in that state’s hospitals continue to attract publicity; and the Garling Report’s recommendations for the NSW public health system are far-reaching and expensive to implement.

This initiative benefits the health industry partners in that outcomes are designed to improve service delivery through the direct implementation of workplace improvement projects developed and evaluated by participants as part of their studies. UTAS has specifically been advantaged, as it has been able to leverage other courses from work done for SSWAHS. There is a real need for postgraduate courses for clinicians within Tasmania, but a lack of critical mass. By being involved in this partnership, UTAS has had the opportunity to extend its teaching expertise to meet local demand.

In addition to this, as a result of participating in this initiative UTAS teaching staff have been provided with publishing opportunities analysing the partnership experience. Professional development experience for lecturers involved in the course has been greatly enhanced: they have learned from experimenting with new service delivery approaches, and received immediate feedback on success and areas for development. Significantly, in terms of university teaching and learning, new industry-relevant insights are gained about working with non-university staff in delivering distance education, and indeed, that it can be achieved in challenging circumstances.

The overall benefit to UTAS as a whole lies in the fact that the project informs part of the University’s “EDGE2” strategic direction, to attract high quality postgraduate students and stimulate community engagement (University of Tasmania, 2008).

Process and Outcomes

SSWAHS also approached NSW-based universities to gauge their interest in delivery of the course, but were impressed by the higher level of sensitivity to their needs demonstrated by

UTAS. This kind of understanding is crucial to the university/industry dynamic: universities are historically and importantly institutions of critical thought as well as suppliers of a qualified workforce. Experience indicates however that when universities begin to regard industry as *clients*, the 'terrain' of learning requires constant renegotiation in order that the needs of both institutions and their staff are met. The strength that underpins this partnership has resulted from the commitment of both sides to work together to drive the educational outcomes. Regular discussion has been necessary to locate balance between client expectations and University quality assurance processes, and between workplace demands and the academic rigour of a Masters level postgraduate course.

In order for the initiative to be successful, SSWAHS has had to acknowledge the significance of the objective theoretical background to leadership processes used to develop their practice models. For example, there are a number of different models of the clinical supervision process and the service is attempting to implement one of these. Giving instruction on their preferred model is regarded as critical for the client, but for the academics involved exploration of alternative processes and how these relate to the overall conceptual framework of leadership is fundamental to student understanding.

Institutional administrative constraints have been an issue. UTAS has needed to adapt its administrative processes for this course in order to improve responsiveness to the client's needs. Recommendations to the University Teaching and Learning Committee have resulted for the consideration of formalised 'fast-track' systems and a more proactive approach to postgraduate coursework development.

Issues of both physical and technological access have been experienced, owing to new campus renovation and commissioning (UTAS Rozelle Campus), and Health Service firewall protections on workplace computers.

This partnership extends beyond administrative and developmental processes to the coordination and assessment of practical application within the workplace. Whilst UTAS staff are charged with the development and delivery of course content, the Health Service client has major responsibility for the coordination and assessment of workplace learning assignments, following guidelines and with the academic moderation of the UTAS teaching team. The client's role as educator in this process has developed to follow the original partnership agreement, and a constructive and productive relationship has been achieved by joint course coordinators in cooperating to meet the contextual needs of practice application by students in multidisciplinary environments.

Teaching methodology is effectively employed in a best-fit combination of online delivery and Sydney-based group seminars, on the basis of 2-3 days per semester. Using both face-to-face and electronic techniques facilitates learning by encouraging critical discussion and group interaction. Learning opportunities have been created by the innovative adoption of learning objects. For example, to develop a context-specific Project Management unit, pre-existing theoretical material from another postgraduate health course was adapted by the addition of a series of structured interviews with experienced project managers from the health industry, and incorporating recordings into the assessment process for students. Another innovative example explores issues regarding the interpersonal aspects of effective leadership, using professionally produced video vignettes scripted by the teaching team. In critiquing these vignettes, students are able to apply their learning, and in response produce recorded examples demonstrating the skills they have learned.

Issue resolution and course material development generally progress two steps ahead of participant needs. The success of the course is demonstrated by students' active engagement with the learning experience, including initiation of service improvement projects and reflections on their own nascent capabilities.

Evaluation

Unit development began in mid-2007. The first intake of SSWAHS students commenced studies in July 2008. With the second intake commencing July 2009, formal unit evaluations will start at the end of 2009. Informal surveys have been conducted, yielding useful feedback, which has been incorporated into unit revisions. In particular, surveys investigating students' preferred delivery modes have discovered that by the end of their first year of study their comfort levels with e-technology have significantly improved.

Workplace learning aspects have been well received by students. Adopting a project manager role in their workplace may have initially seemed daunting, but has proved to be an enriching and empowering experience:

The best [thing] was actually sharing the articles and discussions I had with my project supervisor. It really added to my experience speaking with someone who actually wanted to learn and share re project management and the actual subject as opposed to just critique it.

Informal student comment on survey on Workplace Learning, June 2009

Evaluation of the UTAS-SSWAHS partnership will continue to be process-driven; however, this will be reviewed as part of routine course review processes. As new units are developed for second and third year studies, the dynamics of the teaching partnership will also continue to evolve. Stressful moments have been experienced, largely stemming from client frustration with university planning and quality processes. However, an Area Health Service is a large organisation and both partners recognise that there is wide potential for impact of a university course such as this to drive practice change and development. There is a definite ongoing need for good communication and mutual understanding of the language and culture of the partnering institutions.

Where to From Here? The Future

The experience of academic staff working in such a close relationship with industry partners has been a satisfying one, in terms of being able to offer both highly relevant learning opportunities for students and publishing opportunities for staff. It has also been frustrating in that participants must deal with two bureaucracies on an almost daily basis, and developmental in that innovative methods of online delivery have been implemented, evaluated and reflected upon by the team.

Overall, the UTAS-SSWAHS partnership has been productive. The only real threat to its sustainability is the client's financial constraints. To date, there has been no change to the commitment to support students wishing to undertake the course and NSW budget restrictions have had only minor impact (for example, lunches are no longer provided for students on seminar days). The academic team is aware of the threat, however, and there are strategies in place to support continuing students should partnership arrangements be terminated. A positive indicator for the sustainability of the course is that other NSW Health Services expressed interest in participating, and have since enrolled several students in the current intake.

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